

to the employment of blood-letting in pneumonia, is drawn up chiefly from the one hundred and two aphorisms with which his memoir concludes.

From this sketch it will be perceived that our author is opposed to the use of the lancet in pneumonia, not merely from its being unnecessary to its successful treatment, but in consequence of its exerting a prejudicial influence upon the regular progress and favourable termination of the disease.

Interested as we have been in the perusal of the memoir before us, convinced as we are that many of the views advanced by the author in relation to certain important points in the pathology of pneumonia are founded on correct physiological principles, we nevertheless cannot agree with him in his prescription of the lancet and all active remedies in the treatment of that disease. Notwithstanding the apparent conclusion adverse to the lancet deduced from a comparison of the cases treated by blood-letting, by large doses of tartar emetic, and by diet alone, as presented by the author, we cannot be induced to relinquish a remedy in favour of the decidedly beneficial effects of which we have our own experience, in addition to the concurrent testimony of nearly all the more authoritative of ancient and modern practitioners—a remedy which, *a priori*, we should select as the one especially adapted to the control of the disease. With the late Dr. Gregory, of Edinburgh, we should be willing, in the early period of a case of pneumonia, to dispense with every other therapeutical means rather than with the lancet and water gruel. We are aware that, long before the appearance of the present memoir, M. Louis attempted to show that blood-letting exerts but very little control over the progress or termination of pneumonia, but has not gone so far as Dr. Dietl in pronouncing its influence upon the disease to be actually prejudicial. We cannot, however, reject the evidence which has been adduced to show that, in young, vigorous patients, and in the onset of the disease, a well-timed abstraction of blood carried to a sufficient extent will not unfrequently arrest the inflammation of the lungs, and prevent the occurrence of effusion and the consequent hepatization. That venesection will generally relieve the more urgent symptoms of pneumonia, Dr. D., with all his opposition to the remedy, is forced to admit; and there are few practitioners who would be willing, or would feel themselves warranted to allow a patient to suffer the distress resulting from a dyspnoea, daily augmenting in intensity, knowing, at the same time, that in the lancet they have a certain means of affording him prompt relief.

We admit that pneumonia may proceed through all its stages and terminate favourably without the employment of blood-letting; but are at the same time satisfied that, independently of the immediate relief to the patient afforded by the lancet, it is a means of controlling the unfavourable and fatal tendencies of the disease, and of adding to the certainty of the patient's final and complete recovery. To derive, however, from blood-letting all the good it is capable of effecting, it must be early and boldly resorted to. An ill-timed, injudicious, and inefficient employment of the lancet in pneumonia is calculated to do but little good, and its effects are then often injurious rather than beneficial. While we strongly deprecate the abuse of the remedy, we must wait for stronger evidence than has yet been presented before we can relinquish our predilections in favour of the lancet as "the chief remedial agent" in the treatment of acute inflammation of the lungs.

D. F. C.

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ART. XVIII.—*Observations on Certain of the Diseases of Young Children.* By CHARLES D. MEIGS, M.D., etc. etc. etc. 8vo. pp. 215. Philadelphia: Lea and Blanchard, 1850.

THIS work, as its title implies, lays no claim to the character of a systematic treatise. It presents merely the views of its author in relation to the pathology of a few of the diseases peculiar to the age of early childhood, and his experience as to the best plans of treating them. In this point of view, the observations of Professor Meigs demand our candid attention. Although, in his reasoning upon the nature and causation of the diseases of which he treats, the

author may often indulge in fanciful hypotheses, rather than follow a course of rigid induction from well-established facts, yet, in his practical teachings, based upon observations verified by many years of extensive practice, the physician, in common with the student, is furnished with a rich fund of instruction, the value of which is in no degree impaired by a few errors in doctrine that accompany it. The instruction is the result of long experience and careful observation—the only sources of true practical knowledge; while the errors have their source in a system of hypothetical reasoning, in which the author, we regret to say, with all his acknowledged talents, skill, and experience, is too prone to indulge.

The first chapter of the observations is devoted, 1st, to some general but particularly pertinent remarks on the means of diagnosis in the diseases of early infancy, enforced with all Dr. Meigs's peculiar earnestness in teaching; 2dly, to a cursory but sensible notice of the intra-uterine diseases of children, of the manner in which causes that impair the healthy condition of the maternal blood may affect the well-being and life of the fœtus in utero, and of the duty of the practitioner to watch over the safety of the unborn child during pregnancy as well as during labour; 3dly, to a short review of the circumstances which cause the child to be born in a state of non-viability; 4thly, to a consideration of still-born children—the causes of the non-occurrence of respiration in the new-born infant—and the proper means to be pursued in the several circumstances under which respiration may not occur at birth; 5thly, to a description of the natural process for the formation of the navel, and the accidents by which this process may be interfered with; and, 6thly, to the discharge of the meconium, and to its retention from inertia of the bowels, or from imperforation or constriction of the rectum.

Upon each of the subjects embraced in this first chapter, Dr. Meigs has thrown out hints well calculated for the instruction and direction of the student and young practitioner. We may, it is true, regret the want of fuller details on particular points, and feel disappointed that he has neglected to notice all the accidents which occur at, or within a short period after, birth. We should certainly have expected some reference to the hemorrhages that occasionally take place from the navel altogether independent of any neglect on the part of the accoucheur in properly securing the cord by a ligature. These hemorrhages are always troublesome and often embarrassing to the young obstetrician.

In cases of asphyxia neonatorum, Dr. Meigs advises, when we have failed to excite the respiratory movements, the declining temperature to be kept up by the warm bath, which may be rendered stimulative by the addition of brandy. Unquestionably in such cases the warm bath is a very important agent, and will often aid in bringing into action the respiratory apparatus; but, when respiration does not occur after a few minutes immersion, injury will result from any further continuance of the child in the bath; by raising the temperature of the child, it causes the extinction of its vitality to take place more rapidly; it at the same time prevents the access of the atmospheric air to its surface, which always exerts a very important vivifying influence; we should certainly prefer, in the cases alluded to, dry frictions to prolonged immersion in the warm bath.

Dr. Meigs refers to the occurrence of ulceration of the navel, in new-born children, attended with erysipelatous inflammation of the surrounding skin, extending occasionally over the whole abdomen; involving sometimes the genital organs, and, at others, rambling over other parts of the body. This condition of the navel is always dangerous, often fatal—the infant perishing miserably from deep-seated disease of the subcutaneous tissues, or copious, sanious, and bloody discharges from extensive surfaces of ulceration. It is to be regretted that Dr. Meigs has thought proper to dismiss the consideration of this disease with only a few cursory remarks. M. Trousseau supposes it to result from phlebitis of the umbilical veins; while Dr. Friebe, who describes it under the name of *omphalitis exsudativa*, controverts this opinion. In several fatal cases of ulceration of the navel in young infants, accompanied by erysipelas of the abdominal parietes, we have detected, by a post-mortem examination, the unquestionable indications of an inflamed condition of the umbilical veins.

The chapters on bloody tumours of the heads of new-born children, on in-

inflammation of the eyes, and on the sore mouth of young infants, require no particular remark. The author's views, in reference to these affections, are in general perfectly sound, and his directions for their management judicious. The only remark we have to offer is to express our regret that he has not entered more fully into their consideration. Dr. Meigs's delineations of disease are often too sketchy, and his therapeutical directions too general for the use of the student, who, if he shall adopt the work before us as his guide-book at the bedside, will soon find himself in difficulties as to diagnosis and practice; not because his guide-book has taught him anything actually wrong, but from the fact that it has not taught him enough.

Coryza is the subject of the fourth chapter. Dr. Meigs believes that the chief danger to the young infant affected with coryza results from one of two causes: of which the first, and most common, is the filling up of the nostrils with a plug of dried, viscid mucus; and the other, a sub-mucous infiltration, causing the sides of the cavity to collapse. Now, as the nostrils are the principal—Dr. Meigs believes them to be the only—instinctive respiratory orifices in the new-born infant, it is evident that, so long as their obstruction from either of the above causes continues, the aëration of the blood in the lungs must be imperfectly performed. As a necessary consequence, the vitality of every tissue must become impaired, and the functions of the several organs impeded or deranged. These views are no doubt correct. The respiration of an infant labouring under a severe attack of coryza is always difficult and imperfect, and more especially so whilst at the breast or asleep; and the consequences resulting from imperfect aëration of the blood must certainly be taken into consideration in accounting for the suffering and danger attendant upon the disease, especially in very young infants. Still, we must insist that the impossibility of the child deriving a sufficient amount of nourishment from the breast, and the constant irritation produced by its ineffectual efforts to suck, have also some agency in causing the extreme emaciation which occurs in the more prolonged cases, as well as in increasing the danger of a fatal result.

Dr. Meigs' plan of treating coryza is to keep the interior of the nostrils, after they have been carefully freed from mucus, constantly anointed with some of the finer animal oils, or, what he believes well adapted to the case, the ointment of cucumbers.

"The effect of this application would be," Dr. M. remarks, "to cover the lower part of the aperture with a thin glazing of animal oil, upon which the viscosities will not rest and dry, but fall outwards upon the lip, whence they may be readily wiped away; whereas, upon the dry epithelial surface of the orifice, the viscosities adhere, become inspissated, and convert themselves into hard, dry, and solid crusts or scabs."

Dr. M. also directs that a light flannel cap, fitting closely to the infant's head, should be applied and worn until the coryza disappears. This he has found to be alone sufficient, in a large number of instances, to cure the malady.

In the majority of cases of simple coryza, occurring in young infants, we have no doubt that the plan of treatment recommended by our author will be all that is necessary; the disease, however, occasionally assumes a degree of severity, or is complicated with a morbid condition of the mucous membrane of the fauces or of the intestines, when, to ensure the safety of the patient, by its prompt removal, more active remedies will be demanded.

The fifth chapter treats of the bowel-complaints of children. After some very sensible remarks—would that all physicians, nurses, and mothers could read them and profit by them—on the management of the new-born infant, in regard to its application to the breast, the attentions demanded by the condition of its bowels, and its artificial alimentation when this becomes necessary, Dr. Meigs notices briefly the causes and treatment of infantile diarrhœa.

In speaking of the green-coloured discharges, Dr. Meigs refers their production invariably to the action of the acids contained in the intestines upon the colouring matter of the bile. The investigations of Dr. Golding Bird into the nature of these discharges, seem to us to have conclusively proved that, in a large number of cases, they are owing to the presence of altered blood, and

that in those affections, especially, in which the green stools are so prominent a phenomenon, they are, in fact, a form of *melæna*.

The ensuing chapter is on infantile jaundice. It contains many valuable precepts, somewhat mystified, however, by the very means adopted to explain and enforce them.

The chapter which follows, on the child's dress, is excellent throughout. The judicious remarks of the author on the subject of dress are the more important from the mournful fact, that "the cases are beyond computation, of attacks of illness, and of fatal seizures, clearly attributable to the faulty methods of dressing used in the United States."

*Cyanosis neonatorum* is the subject of the eighth chapter. Dr. Meigs, however, confines his remarks to those cases that are coincident with permanency, after birth, of the characteristics of the foetal heart; and for the cure of which he proposes to cause the blood in the left auricle to press the valve of Botallus down upon the foramen ovale, and thus cut off the direct communication between the right and left sides of the heart; and this he conceives may be effected by placing the child upon a pillow, on its right side, the head and shoulders being inclined upwards about twenty or thirty degrees.

We have read with great care the whole of the author's reasoning in support of his view of the pathology of cyanosis, and the facts he has adduced as illustrative of the efficacy of his plan of treatment; and, while we admit the correctness of many of his conclusions, we have not been able to convince ourselves of the truth of his premises. In the face of all the numerous facts upon record, it is impossible for us to believe that the continuance of an open foramen ovale, or an intermixture of the venous with the arterial blood, is alone sufficient to produce the phenomena of cyanosis; nor can we see how, by the position of the child described by Dr. Meigs, the blood of the left auricle can be made to press down the valve of Botallus, so as to close the patent foramen. We admit that the inclined position upon the right side is one admirably adapted to give relief in many cases of cyanosis; and, further, that in the new-born infant there frequently occurs, from various causes, a state of partial asphyxia, with blueness and diminished temperature of the surface, totally independent of malformation of the heart, or large blood-vessels, in which, by placing the child in the position alluded to, its safety and comfort may be promoted, until the cause is removed by which the aëration of the blood is impeded.

Dr. Meigs reminds his readers, in the very commencement of the chapter before us, that his subject is *cyanosis neonatorum*. Why he does this, we cannot perceive, for certainly, under that name, cases of cyanosis from malformation of the heart or great blood-vessels may legitimately be included, inasmuch as in nearly all of these the cyanosis becomes apparent immediately or soon after birth.

Some of the cases adduced by the author in illustration of the beneficial effects of position in cyanosis strike us as rather strange examples of that disease.

The remarks of Dr. Meigs in regard to the pathology of asphyxia are unquestionably correct. It is by depriving the brain of oxygenated blood that the extinction of life is produced in cases of asphyxia, and it is to the influence of imperfectly oxygenated blood upon the nervous centres that we are to attribute the morbid phenomena that occur in cases of partial asphyxia. Upon these points there can certainly be no dispute.

Dr. Meigs proceeds next to the consideration of respiratory disorders. Under this head he treats of spasmodic croup, plastic croup, whooping-cough, and laryngismus.

On the various forms of croup the practical remarks of the author are in our judgment particularly sound. In plastic croup much of the fatality by which the disease is attended is, we believe, to be attributed to a neglect of the lancet in the early stages of the disease, and, therefore, urge upon the attention of our readers the deductions which our author draws from his long experience, and from the ample opportunities for observation he has enjoyed. The following are the author's general conclusions:—

"1. Diseases that diminish or hinder the ingress and egress of the respired air through the larynx and trachea destroy the patient by asphyxiating the blood. In proportion as the blood becomes less and less aerated, the nervous force is evolved with less intensity, and the power of the organs and tissues fails in the same proportion.

"2. Spasmodic affections of the muscular organs of the larynx, though less dangerous than the exudative obstructions, are yet worthy of the most careful attention, since they may readily lead to exudative disease in the mucous tissue of the organ of voice, and the trachea.

"3. The exudative corpuscles that constitute the plastic deposits in pseudo-membranous croup are deposited on the surface in consequence of the extreme activity of the inflammation existing there, and not in consequence solely of a state of the whole health, or a state of the blood as a whole. Hence, flecks of lymph, or exudation spots, fixed upon the arches, the tonsils, or pharynx, ought not to be regarded as signs of a depravation of the mass of the blood, or of a dangerous ataxy of the constitution, but only as evidences of an intense activity of the circulation and innervation of the parts affected. It is true that the activity of the circulation increases the risk from the local disorder.

"4. Inasmuch as a slight diminution of the aperture by which the air reaches the lungs leads to exhausting frequency or force of respiration, in order that the requisite amount of oxygen may be imparted to the blood, and as the lessening of the supply strikes at the root of the functions, by cutting off the sources of the innervations, the patient will be probably lost unless the local inflammation, and the constitutional excitement, if any, be counteracted by antiphlogistic treatment.

"5. In resolving upon an antiphlogistic treatment, it is safer to be governed by the considerations of date, and of exigency as to the degree and prospects of aëration, than by a state of the pulse, colour, temperature, and sensibility.

"6. To take blood, after the pseudo-membranous deposit is already abundantly formed, would be useless. The obstruction has in that stage become physical, and cannot be removed by antiphlogistic remedies, and the loss of blood could not be relied upon as a remedy for the deposit already formed.

"7. Yet if, in a case of croup, it should be found, upon due examination, that the tonsils and arches, as well as the pharynx, are affected with plastic deposit, and if the altered sounds of the voice, together with difficulty of breathing, might lead to the opinion that the deposit of exudation corpuscles had not already gone too far, it would be safe to assume that venesection carried to incipient deliquium might check, or even cure the inflammation of the trachea, and thus put an end to the further extension of the exudative processes. It would be much more probable that a patient thus treated should escape from death than one entrusted to the curative power of drugs alone. I have met with instances of the malady in which the child has discharged portions of tube and obtained relief thereby, and such examples are well known to occur.

"Now the expulsion of the tubular pseudo-membrane could only occur in cases where, in the process of depositing it, the inflammation had come to its close, and when the tissues, acquiring a healthier grade of action, had either suppurated, or discharged behind the layer of membrane a thinner material of exudation, or even a natural sort of mucus.

"Nothing is so likely, as I conceive, to bring about this desirable conclusion, as a well-conducted venesection. Hence I should not, in all cases, feel that I was acting imprudently to let blood for the patient, though I were at the same time sure of the existence of the pseudo-membranous lining. On the other hand, should the dyspnoea, and the cyanosis, and the state of the general circulation lead me to no hopeful conclusions of this kind above stated, I should not recommend a resort to the lancet."

Dr. Meigs is an advocate for tracheotomy in cases of croup that are so far advanced as to leave no reasonable expectation of their recovery under therapeutic treatment; determining upon the propriety of the operation from a general view of each case, paying no attention to the results of auscultation of the thorax, which, if confided in, ought perhaps to deter one from the opera-

tion. Dr. M. considers the operation as "scarcely more dangerous than the drawing of a molar tooth."

The question as to the propriety of resorting to tracheotomy in croup is an important one. What is the chance for the entire recovery of the patient afforded by it? Does the operation involve the patient in any additional risk? and in what case, and at what period of the disease, should it be performed?—are questions which must be satisfactorily resolved before the main one—Is it proper to perform it at all? can be properly answered. We have no experience ourselves in regard to the operation, and find it difficult to make up an opinion from the discordant views and statements in regard to everything connected with it made by those who have witnessed its results. We should not, certainly, object to its performance in cases where all other remedies have failed to arrest the disease, provided it were requested by the friends of the patient; and yet, at this late period, we should anticipate less chance of preventing, by it, a fatal termination than at an earlier period of the disease.

The chapter on pertussis, contains many very sensible remarks, all of a decidedly practical character. The author considers pertussis to consist in a peculiar paroxysmal cough, unconnected with any disease of the lungs, fauces, or larynx, sufficient to account for the phenomena, but depending upon some inscrutable morbid condition of the medulla oblongata.

In laryngismus stridulus, which is the subject of Chapter XI., Dr. Meigs is convinced that the diaphragm is the organ always most deeply involved—that it is, indeed, the principal organ affected by the nervous principle of the disease. It is to a spasmodic condition of this same organ that he refers "the insatiable indraught of the breath, followed by the successive and equally insatiable expirations of it" which constitute the paroxysms of whooping-cough.

To Dr. Meigs there appears to be reason for supposing the whole of the phenomena of the first attack of laryngismus, or, as he would prefer calling it, *phrenismus*, to result from a sudden hyperæmia of the respiratory lobe, or medulla oblongata. The disease once begun, it seems to him that there is no difficulty in accounting for the subsequent lapses that take place in the health, from the repeated suspensions of the ærating process, under which arrests the mass of the blood grows rapidly vitiate, and, insomuch, either inefficacious as to the nervous mass, or absolutely poisonous to it.

The salaam convulsions he believes to be merely a form of laryngismus.

Dr. Meigs very properly considers it to be all important to cut short the attack, especially the primary attack of laryngismus, as quickly as possible, and he believes that the diaphragm will be instantly made to act if a lump of ice wrapped in a handkerchief or napkin be applied to the epigastrium and moved over the arch of the hypochondria.

The directions given by the author for the general management of the disease may be consulted with profit. An idea will be formed of them from the following recapitulation, with which the chapter closes.

"I believe our duty in the case consists first, in making a correct diagnosis; 2d, in presenting proper explanations to the friends as to the prognosis, which is often unfavourable; 3d, in obviating the provoking causes, as swollen and distended gums, which are to be relieved by cutting them; 4th, in a heedful regard to the state of the bowels, whose faulty action needs correction; 5th, in directions as to diet, dress, exposure, and all that concerns the hygiene of the case; 6th, in the use of counter-irritants and antispasmodics; in the exhibition of tonics, and in attempts to defeat the demonstration of attack by great quietude, and by applying cold to the region of the diaphragm: and, lastly, in conducting the paroxysm, when formed, to the earliest and least mischievous possible conclusion, by the warm bath and other prompt measures. "I have not," says Dr. M., "in any case made use of venesection. My recollection of certain cases causes me to lament that I have not done so; and I shall, in any future occurrence of the kind, let blood from the arm, should the patient exhibit such evidences of strength as some that I have attended."

We call the attention of our readers to the views advanced by Dr. Meigs in relation to the pathology of the convulsive affections of the respiratory apparatus. It is purely hypothetical, it is true; but, nevertheless, it appears to us far

more plausible and consistent than any of the numerous and contradictory theories that have heretofore been framed.

Scarlatina is the last disease treated of in the work before us. "Scarlatina," according to Dr. Meigs, "is inflammation of the blood-vessels of the derm—or, to use the expression which he prefers, it is *endangitis* of the cutaneous vessels."

"Scarlatina," he remarks, "may be considered as an inflammation of the true blood-vessel, or endangium; the inflammation being chiefly observable in the capillaries of the skin, of the mouth and throat, and of the nostrils. In some of the cases, the inflammatory affection seizes upon the capillaries of the brain, more rarely on those of the stomach and bowels, &c.

"Seeing that the skin is an organ of vast extent, exceedingly vascular, and possessing important relations with the rest of the economy, we need feel no surprise to observe the constitutional disorder produced by so extensive an inflammation as that of the whole derm. As the *crisis of the blood depends upon the healthful force of the endangium*, it is to be expected that violent and extensive disorders of the endangium shall produce great changes in the crisis of the blood, and that those changes will exercise a pernicious influence throughout the economy. The nervous force, dependent as it is on the power of the blood to be charged with oxygen, fails under such conditions of the vital fluid, and the organs and functions, in succession, become overthrown."

"If it be the capillaries of the skin that are solely affected," says Dr. M. in another place, "I have to treat a mere case of scarlatina simplex. If those of the skin, and those of the mucous membrane of the fauces only are attacked, then I have scarlatina anginosa. If the skin, the fauces, the Schneiderian membrane, the larynx, and *à fortiori* the parotids, the heart, the lungs, the stomach, and the encephalon are all together involved by the inflammation of their capillary endangium, then I have a case of malignant scarlatina, and I know that the major part of such cases are mortal ones."

"In some of the (malignant) cases, the skin acquires, from the first, a deadly paleness, the extremities being cool or cold, while the pulse cannot be counted for its frequency, and is a mere thread at the wrists. But the child meanwhile is perishing from the frightful inflammation of the fauces, the pharynx, and the larynx. In this state, the brain seems, in some instances, intact, since the intelligence is wholly unperverted.

"I presume," says our author, "that here the endangium of the heart, the endocardium, and that of the aorta and the superior or inferior cava, is the seat of the endangitis, and not the endangium of the cutaneous vessels. This is what the vulgar call a case of scarlet fever struck in—a retrocession of the malady from the surface to the interior of the body."—"It is not a case of eruption struck in, but of an original attack of inflammation of the great central vessels, under which the central organs become incompetent to their office or function."

The foregoing constitutes certainly a very beautiful theory, but, still, only a theory. Before Dr. M. can expect us to adopt his pathology of scarlatina, it will be incumbent on him to prove, 1st, that the *membrana vasorum communis*, the endangium, performs the important physiological office he has assigned to it—that of either making the blood, by transmitting to its elements the nervous force, or by maintaining the blood in a living state by its presence and contact; and, 2dly, that in scarlatina certain portions of this *membrana communis* of the blood-vessels is actually inflamed.

The idea of certain fevers being dependent upon an inflammation of the internal tunic of the arteries is not original with Dr. Meigs; J. P. Frank had already suggested the theory, from having detected, in many cases, after death from inflammatory fevers, an inflamed condition of this membrane. The researches of the pathological anatomist can easily determine whether the indications of such inflammation are present or not in fatal cases of scarlatina.

Dr. Meigs denies the contagious character of scarlatina. He has long been fully convinced that scarlatina is a disease whose cause is to be sought for in some intemperies of the air or epidemic principle, of whose intimate nature he is, however, wholly ignorant. In this we entirely coincide with him.

"One might," he remarks, "well venture to resist the general assertion of

its contagion, seeing that it so very often breaks forth fearfully in places where no suspicion of human intervention can be indulged, and that it often enters populous households, affecting only one or two, and sparing three, or six, or eight other members of the family, even where not the slightest precaution against its propagation is taken by way of quarantine, disinfectant, or other means."

The remarks of Dr. M. on the treatment of the several varieties or grades of scarlatina are, in the main, judicious. We are pleased to find him an advocate for the lancet in this disease. There are few of the more severe—non-malignant—cases in which a timely resort to it will not, we are convinced, be decidedly beneficial, and tend to arrest the fatal tendency of the disease.

The medical profession owe many thanks to Dr. Meigs for the publication of these observations. Every practitioner will find himself deeply interested in their perusal; nor can he fail to be instructed by the opinions in relation to the character and treatment of important diseases of one so long and so laboriously devoted to their study at the bedside of the sick. His hypothetical pathology is always ingenious; his views as to the seat and cause of disease having often "the semblance of truth, if not its reality," though occasionally, we fear, they will be found altogether abnegated by the demonstrations of pathological anatomy.

D. F. C.

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ART. XIX.—*Some Account of the last Yellow Fever Epidemic of British Guiana.* By DANIEL BLAIR, M.D., Surgeon-General of British Guiana. Edited by JOHN DAVY, M.D., F.R.S., Lond. and Edin. 8vo. pp. 161. London, 1850.

THIS is a very valuable document. We have seen few accounts of epidemics drawn up with greater fulness and apparent care. Everything indeed that can throw light upon the causes, rise, progress, character, march, habits, and diagnosis of yellow fever, as it occurred in Georgetown, British Guiana, between the years 1837 and 1842, appears to have been carefully observed and recorded by Dr. Blair; and with a candour that proves he had no preconceived theory to establish—no prejudices calculated to distort, misrepresent, or give a wrong colouring to any of the facts connected with the questions he has investigated.

The general conclusions deduced from the observations of our author are:—

- 1st. That the disease is of local origin, and not infectious or contagious.
- 2d. That its exciting cause, whatever it may be, is limited as to space of action, and may be avoided by change of place; and, further, that although removal to a short distance, even if the ground be apparently similar, may often be sufficient, it is safest to make the change to a spot altogether different in its character from that where the outbreak took place.
- 3d. That the newly arrived from a cool or cold climate are more liable to be attacked by it, and ought, therefore, as much as possible, to avoid the localities where the disease is prevalent.
- 4th. That the natives of the African race, and of the mixed coloured races, though not always exempt from the disease, are comparatively little liable to contract it; generally, they may be considered safe from it, as well as from an attack of remittent fever.
- 5th. That the tendency to contract the disease in the instance of whites, is less in those coming from warm climates, as the south of Europe, than from cold, as the north of Europe, and North America.
- 6th. That the disease commonly does not recur in the same person.
- 7th. That yellow fever, it would appear, from its past history, has been variously modified—subject to many complications of a perplexing kind, which ought to influence the treatment, and which require to be studied, and, as far as possible, determined, to fix the mode of treatment likely to be most successful in each epidemic.
- 8th. That, though it has invaded bodies of men occupying apparently healthy quarters, and under circumstances favourable, seemingly, to health, yet most commonly it has broken out in situations of a different character, where the